

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/10/03.

I. DISPUTE

Whether there should be additional reimbursement for 97750-FC, dated 6/25/02, reduced on the basis of the 1996 Medical Fee Guideline.

II. RATIONALE

The Functional Capacity Report, dated 6/25/02, documents a three hour initial examination of the injured worker. It also covers all the information required by MFG, MGR, (I)(E)(2)(a-b)(iii). On this basis, additional reimbursement of \$225.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 97750-FC in the amount of **\$225.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$225.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 8th day of October, 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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